CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF STREET SERVICES
INVESTIGATION AND ENFORCEMENT DIVISION
TELEPHONE: (213) 847-6000

№ 028915

# NOTICE OF VIOLATION

| Date of Violation | Time | | Day of Week | MD | CD |
|---|---|---|---|---|---|
| / / | | ☐ AM ☒ PM | S M T W T F S | | |

Name (First, Middle, Last)

Address

[redacted]

| Driver's Lic./ID No. | State | Class | Age | Birth Date |
|---|---|---|---|---|
| | | | | / / |

| Sex | Hair | Eyes | Height | Weight | Race |
|---|---|---|---|---|---|
| | | | | | |

Vehicle License No. or VIN — State

| Yr. of Veh. | Make | Model | Body Style | Color |
|---|---|---|---|---|
| | | | | |

Contractor's License Number

Company Name

Company Address

City — State — Zip Code

Violation Description

1.

2.

3.

☐ See Reverse Side for Violation

Location of Violation(s)

Violation Noticed was:

☐ Posted ☐ Hand Served ☐ Mailed

Comments

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

Investigator — Serial Number

Investigator Telephone Number — Office Hours

**Signing this notice is not an admission of guilt; only confirmation that the notice was received.**

**X Signature**

YOU ARE REQUIRED TO:

☐ COMPLY WITH THIS NOTICE AT ONCE

☒ COMPLY WITH THIS NOTICE WITHIN 10 DAYS FROM THE DATE SHOWN ABOVE.

☐ APPEAR FOR A HEARING ON _____ AT
1149 S. BROADWAY, SUITE 350, L.A. CA 90015 BETWEEN _____ AND _____

☐ PAY FEES AND/OR FINES IN THE AMOUNT OF _____ PLEASE SEND PAYMENT TO THE ORDER OF THE "CITY OF LOS ANGELES" TO THE ADDRESS SHOWN BELOW
BUREAU OF STREET SERVICES. INVESTIGATION AND ENFORCEMENT DIVISION
1149 S. BROADWAY, SUITE 350
LOS ANGELES, CA 90015

FAILURE TO COMPLY WITH THIS NOTICE MAY RESULT IN FURTHER LEGAL, AND/OR CITY ACTION AT THE PROPERTY OWNERS EXPENSE.

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CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF STREET SERVICES
INVESTIGATION AND ENFORCEMENT DIVISION
TELEPHONE: (213) 847-6000

№ 026071

# NOTICE OF VIOLATION

| Date of Violation | Time | | Day of Week | MD | CD |
|---|---|---|---|---|---|
| / / | | ☐ AM ☐ PM | S M T W T F S | | |

Name (First, Middle, Last)

Address

| Driver's Lic./ID No. | State | Class | Age | Birth Date |
|---|---|---|---|---|
| | | | | / / |

| Sex | Hair | Eyes | Height | Weight | Race |
|---|---|---|---|---|---|
| | | | | | |

Vehicle License No. or VIN — State

| Yr. of Veh. | Make | Model | Body Style | Color |
|---|---|---|---|---|
| | | | | |

Contractor's License Number

Company Name

Company Address

City — State — Zip Code

Violation Description

1.

2.

3.

☐ See Reverse Side for Violation

Location of Violation(s)

Violation Noticed was:

☐ Posted ☐ Hand Served ☐ Mailed

Comments

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

Investigator — Serial Number

Investigator Telephone Number — Office Hours

**Signing this notice is not an admission of guilt; only confirmation that the notice was received.**

**X Signature**

YOU ARE REQUIRED TO:

☐ COMPLY WITH THIS NOTICE AT ONCE

☒ COMPLY WITH THIS NOTICE WITHIN 5 DAYS FROM THE DATE SHOWN ABOVE.

☐ APPEAR FOR A HEARING ON _____ AT
1149 S. BROADWAY, SUITE 350, L.A. CA 90015 BETWEEN _____ AND _____

☐ PAY FEES AND/OR FINES IN THE AMOUNT OF _____ PLEASE SEND PAYMENT TO THE ORDER OF THE "CITY OF LOS ANGELES" TO THE ADDRESS SHOWN BELOW
BUREAU OF STREET SERVICES. INVESTIGATION AND ENFORCEMENT DIVISION
1149 S. BROADWAY, SUITE 350
LOS ANGELES, CA 90015

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